## Case 19-29735 Doc 1 Filed 10/18/19 Entered 10/18/19 15:00:57 Desc Main Document Page 1 of 59

| Fill in this information to identify your case: |                                 |                                    |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                    |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                    |
| Case number (if known)                          | _ Chapter you are filing under: |                                    |
|   | ☐ Chapter 7                     |                                    |
|   | ☐ Chapter 11                    |                                    |
|   | ☐ Chapter 12                    |                                    |
|   | Chapter 13                      | Check if this is an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| 1: Identify Yourself  |   |   |
|---|---|---|
|   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
| Your full name  |   |   |
| your government-issued  | Tishanna<br>First name  | First name  |
| example, your driver's license or passport).  | L<br>Middle name  | Middle name   |
| Bring your picture identification to your   | Winford   |   |
| meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III)  | Last name and Suffix (Sr., Jr., II, III)  |
| All other names you have used in the last 8 years   |   |   |
| Include your married or maiden names.   |   |   |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6525   |   |
|   | Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | About Debtor 1:  Your full name  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.  Winford  Last name and Suffix (Sr., Jr., II, III)  All other names you have used in the last 8 years Include your married or maiden names.  Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number |

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Case number (if known)

Debtor 1 Tishanna L Winford

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 4724 W Congress Parkway, Apt 2 Chicago, IL 60644 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Check one: Check one: Why you are choosing this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this have lived in this district longer than in any other petition, I have lived in this district longer than district. in any other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 Tishanna L Winford

| ar  | t 2: Tell the Court About  | Your Ba   | ankruptcy Ca                                | se   |                             |                                       |  |  |  |
|-----|--|---|---|--|-----------------------------|---------------------------------------|--|--|--|
| 7.  | The chapter of the Bankruptcy Code you are   | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |  |                             |                                       |  |  |  |
|     | choosing to file under   | ☐ Chapter 7   |   |  |                             |                                       |  |  |  |
|     |  | ☐ Ch  | napter 11                                   |  |                             |                                       |  |  |  |
|     |  | ☐ Ch  | napter 12                                   |  |                             |                                       |  |  |  |
|     |  | ■ Ch  | napter 13                                   |  |                             |                                       |  |  |  |
| 3.  | How you will pay the fee   |   | about how your order. If your a pre-printed | u may pay. Typically, if you attorney is submitting your address.    | are paying payment or       | the fee yourself,<br>your behalf, you | you may pay with casl<br>ir attorney may pay wit | ur local court for more details<br>h, cashier's check, or money<br>h a credit card or check with |  |
|     |  |   |   | t <b>the fee in installments.</b> I<br>e in Installments (Official F |                             | e this option, sigr                   | and attach the Applic                            | ation for Individuals to Pay   |  |
|     |  |   | I request that<br>but is not requ           | t my fee be waived (You uired to, waive your fee, ar                 | may request<br>nd may do so | only if your inco                     | me is less than 150%                             | pter 7. By law, a judge may,<br>of the official poverty line<br>cose this option, you must fill  |  |
|     |  |   |   | ation to Have the Chapter  |                             |                                       |  |  |  |
| ).  | Have you filed for bankruptcy within the last 8 years?   | □ No  |   |  |                             |                                       |  |  |  |
|     |  |   | District                                    | Northern Dist of<br>Illinois   | When                        | 3/12/18                               | Case number                                      | 18-07004   |  |
|     |  |   | District                                    | Northern Dist of Illinois  | <br>When                    | 3/02/16                               | Case number                                      | 16-07381   |  |
|     |  |   | District                                    | See Attachment   | When                        |                                       | Case number                                      |  |  |
| 10. | Are any bankruptcy   | ■ No  |   |  |                             |                                       |  |  |  |
|     | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye  | S.  |  |                             |                                       |  |  |  |
|     |  |   | Debtor                                      |  |                             |                                       | Relationship to y                                | /ou  |  |
|     |  |   | District                                    |  | When                        |                                       | Case number, if                                  | known  |  |
|     |  |   | Debtor                                      |  |                             |                                       | Relationship to y                                | /ou  |  |
|     |  |   | District                                    |  | When                        |                                       | Case number, if                                  | known  |  |
| 11. | Do you rent your residence?  | □ No  |   |  |                             |                                       |  |  |  |
|     |  | ■ Ye  | s. Has yo                                   | ur landlord obtained an evi  | ction judgm                 | ent against you?                      |  |  |  |
|     |  |   |   | No. Go to line 12.   |                             |                                       |  |  |  |
|     |  |   |   | Yes. Fill out <i>Initial Statem</i> bankruptcy petition.             | ent About ar                | n Eviction Judgm                      | <i>ent Against You</i> (Form                     | 101A) and file it with this  |  |

Debtor 1 Tishanna L Winford Page 4 of 59

Case number (if known)

|  | Are you a sole proprietor of any full- or part-time business?   | ■ No.        | Go to                                 | Part 4.   |   |
|--|---|--------------|---------------------------------------|---|---|
|  |   | ☐ Yes.       | Name                                  | e and location of bus                             | iness   |
|  | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |              | Name                                  | e of business, if any                             |   |
|  | If you have more than one sole proprietorship, use a separate sheet and attach  |              | Numb                                  | per, Street, City, Stat                           | e & ZIP Code  |
|  | it to this petition.  |              | Chec                                  | k the appropriate bo                              | x to describe your business:  |
|  |   |              |                                       | Health Care Busin                                 | ess (as defined in 11 U.S.C. § 101(27A))  |
|  |   |              |                                       | Single Asset Real                                 | Estate (as defined in 11 U.S.C. § 101(51B))   |
|  |   |              |                                       | Stockbroker (as d                                 | efined in 11 U.S.C. § 101(53A))   |
|  |   |              |                                       | Commodity Broke                                   | r (as defined in 11 U.S.C. § 101(6))  |
|  |   |              |                                       | None of the above                                 |   |
| Chapter 11 of the dead Bankruptcy Code and are opera |   |              | s. If you in<br>s, cash-f<br>.C. 1116 | ndicate that you are low statement, and f (1)(B). | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
|  | For a definition of small   | ■ No.        | l am ı                                | not filing under Chap                             | ter 11.   |
|  | business debtor, see 11 U.S.C. § 101(51D).  | □ No.        | I am f<br>Code                        |   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |
|  |   | ☐ Yes.       | I am f                                | filing under Chapter                              | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |
|  |   |              |                                       |   |   |
| Part   |   |              | Hazardo                               | ous Property or Any                               | / Property That Needs Immediate Attention   |
| 14.  | Do you own or have any property that poses or is alleged to pose a threat of imminent and   | ■ No. □ Yes. | What is                               | the hazard?                                       |   |
|  | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  |              |                                       | diate attention is why is it needed?              |   |
|  | For example, do you own perishable goods, or  |              |                                       |   |   |

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Debtor 1 Tishanna L Winford

Case number (if known)

Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of:                 |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 59 Case number (if known) Tishanna L Winford Debtor 1 Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative ☐ Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ☐ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 1** 25.001-50.000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million **□** \$100.001 - \$500.000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** to be? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tishanna L Winford

Tishanna L Winford Signature of Debtor 1

October 18, 2019

MM / DD / YYYY

Executed on

Signature of Debtor 2

MM / DD / YYYY

Executed on

Debtor 1 Tishanna L Winford Page 7 of 59

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David H Cutler                     | Date          | October 18, 2019    |  |
|--|---------------|---------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY      |  |
| David H Cutler                         |               |                     |  |
|  |               |                     |  |
| Printed name                           |               |                     |  |
| Cutler & Associates, Ltd               |               |                     |  |
| Firm name                              |               |                     |  |
| 4131 Main Street                       |               |                     |  |
| Skokie, IL 60076                       |               |                     |  |
| Number, Street, City, State & ZIP Code |               |                     |  |
| Contact phone <b>847-673-8600</b>      | Email address | david@cutlerltd.com |  |
| 034403 IL                              |               |                     |  |
| Bar number & State                     |               |                     |  |

Debtor 1 Tishanna L Winford Page 8 of 59

Case number (if known)

| Fill in this info   | rmation to identify your  | case:             |             |                    |
|---------------------|---------------------------|-------------------|-------------|--------------------|
| Debtor 1            | Tishanna L Winfo          | ord               |             |                    |
|                     | First Name                | Middle Name       | Last Name   |                    |
| Debtor 2            |                           |                   |             |                    |
| (Spouse if, filing) | First Name                | Middle Name       | Last Name   |                    |
| United States B     | sankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |                    |
| Case number         |                           |                   |             |                    |
| (if known)          |                           |                   |             | Check if this is a |
|                     |                           |                   |             | amended filing     |

#### FORM 101. VOLUNTARY PETITION

### **Prior Bankruptcy Cases Filed Attachment**

| District                  | Case Number | Date Filed |
|---------------------------|-------------|------------|
| Northern Dist of Illinois | 18-07004    | 3/12/18    |
| Northern Dist of Illinois | 16-07381    | 3/02/16    |
| Northern Dist of Illinois | 15-09644    | 3/18/15    |

|                    |                          |                   | THE LAUGE S OF SS |  |
|--------------------|--------------------------|-------------------|-------------------|--|
| Fill in this infor | mation to identify your  | case:             |                   |  |
| Debtor 1           | Tishanna L Winfo         | ord               |                   |  |
|                    | First Name               | Middle Name       | Last Name         |  |
| Debtor 2           |                          |                   |                   |  |
| Spouse if, filing) | First Name               | Middle Name       | Last Name         |  |
| Jnited States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |  |
| Case number _      |                          |                   |                   |  |

☐ Check if this is an amended filing

#### Official Form 106Sum

### **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your as<br>Value of | ssets<br>of what you own |
|-----|--|---------------------|--------------------------|
|     |  |                     | ,                        |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                  | 0.00                     |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                  | 15,520.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                  | 15,520.00                |
| Par | t 2: Summarize Your Liabilities  |                     |                          |
|     |  |                     | abilities<br>t you owe   |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                  | 15,554.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                  | 0.00                     |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                  | 34,598.91                |
|     | Your total liabilities   | \$                  | 50,152.91                |
| Pai | t 3: Summarize Your Income and Expenses  |                     |                          |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                  | 4,022.00                 |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                  | 3,608.00                 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |                     |                          |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so         | chedules.                |
| 7.  | Yes What kind of debt do you have?   |                     |                          |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a   | a personal          | , family, or             |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |    |
|----|--|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ |

4,587.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total cla | im       |
|--|-----------|----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$        | 3,500.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 3,500.00 |

Case 19-29735 Doc 1 Filed 10/18/19 Entered 10/18/19 15:00:57 Desc Main Document Page 11 of 59 Fill in this information to identify your case and this filing: Debtor 1 Tishanna L Winford Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2 ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Nissan Who has an interest in the property? Check one 3.1 Make: the amount of any secured claims on Schedule D: Sentra Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2016 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: 25000 entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$12,000.00 \$12,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for

pages you have attached for Part 2. Write that number here.....

\$12,000.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

| C  | Debtor 1                      | Case 19-29  |                        | Doc 1                       | Filed 10/18/19<br>Document                     | Entered 10/18/19 15:0<br>Page 12 of 59<br>Case number |          | Desc Main  |
|----|-------------------------------|---|------------------------|-----------------------------|--|---|----------|------------|
| 6. | Example<br>No                 | old goods and fu<br>es: Major applianc  | rnishing               | <b>s</b><br>ure, linens, cl | nina, kitchenware                              |   | , ,      |            |
|    |                               |   | Person                 | al possess                  | ions in home at liqu                           | idation value   |          | \$1,000.00 |
| 7. | □No                           | es: Televisions and   |                        |                             | stereo, and digital equi<br>lia players, games | pment; computers, printers, scanner                   | s; music |            |
|    |                               |   | 2 tvs                  |                             |  |   |          | \$300.00   |
|    | ■ No □ Yes.  Equipme Example  | other collection  Describe  ent for sports and es: Sports, photog musical instrur | d hobbie<br>raphic, ex | orabilia, collec            | ctibles  | ooks, pictures, or other art objects; st              |          |            |
|    | ☐ Yes.                        | Describe  |                        |                             |  |   |          |            |
|    | ■ No □ Yes.  I. Clothes Examp | oles: Pistols, rifles,  Describe  | -                      |                             | n, and related equipmer                        |   |          |            |
|    |                               | Γ   | Daraan                 | al clothing                 |  |   | 1        | \$600.00   |
| 12 | ☐ No                          | y<br>bles: Everyday jew<br>Describe   | elry, cost             |                             | engagement rings, wed                          | lding rings, heirloom jewelry, watche                 | s, gems, |            |
| 13 | Examp<br>☐ No                 | rm animals<br>bles: Dogs, cats, bi  | irds, hors             | es                          |  |   |          |            |
|    |                               |   | Dog                    |                             |  |   |          | \$0.00     |
| 14 | ■ No                          | ner personal and  |                        | old items yo                | u did not already list, i                      | ncluding any health aids you did ı                    | not list |            |

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known)

| De  | IISIIaiiia                                  | L WIIIIOIG  |   | " KNOWII)  |
|-----|---|---|---|--|
| 15. |   |   | Part 3, including any entries for pages you have atta   | ched \$1,920.00  |
|     | TOT T GIT OF TYPICO II                      |   |   |  |
| Par | t 4: Describe Your Fir                      | nancial Assets  |   |  |
|     |   | ny legal or equitable interest                                | in any of the following?  | Current value of the   |
|     |   |   | •   | portion you own? Do not deduct secured claims or exemptions. |
| 16. | Cash<br>Examples: Money ye                  | ou have in your wallet, in your                               | home, in a safe deposit box, and on hand when you file y  | our petition   |
|     | ⊒ No  |   |   |  |
|     | Yes   |   |   |  |
|     |   |   | Prepaid d<br>card   | lebit \$500.00   |
|     |   |   |   |  |
|     | institutio                                  | g, savings, or other financial ac                             | ecounts; certificates of deposit; shares in credit unions, brots with the same institution, list each.  | okerage houses, and other similar                            |
|     | ■ No<br>□ Yes                               |   | Institution name:   |  |
| 18. |   | ds, or publicly traded stocks ads, investment accounts with l | brokerage firms, money market accounts  |  |
|     | ■ No<br>□ Yes                               | Institution or issue  | er name:  |  |
| 19. | Non-publicly traded and joint venture       | d stock and interests in incor                                | porated and unincorporated businesses, including a  | n interest in an LLC, partnership,                           |
|     | No  |   |   |  |
|     | ☐ Yes. Give specific                        | information about them<br>Name of entity:                     |   | ip:  |
|     | Negotiable instrume<br>Non-negotiable insti | ents include personal checks, c                               | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them. |  |
|     | ■ No  |   |   |  |
|     | ☐ Yes. Give specific                        | information about them Issuer name:                           |   |  |
|     | _   |   | , 403(b), thrift savings accounts, or other pension or profi  | t-sharing plans  |
|     | ■ No<br>□ Yes. List each acc                | ount senarately   |   |  |
| ,   | Tes. List each acc                          | Type of account:  | Institution name:   |  |
|     | Examples: Agreeme                           | used deposits you have made                                   | so that you may continue service or use from a company it, public utilities (electric, gas, water), telecommunication                           |  |
|     | □ No<br>■ Yes                               |   | Institution name or individual:   |  |
|     | • res                                       |   |   |  |
|     |   | Rent  | Landlord  | \$1,100.00   |
|     | _   | ct for a periodic payment of mo                               | oney to you, either for life or for a number of years)  |  |
|     | ■ No<br>□ Yes                               | Issuer name and description.                                  |   |  |
|     |   | ation IRA, in an account in a<br>1), 529A(b), and 529(b)(1).  | qualified ABLE program, or under a qualified state to   | uition program.  |
|     | No  |   |   |  |
| ~   |   |   | 0 1 1 1 1/5 5   |  |

|     |                  | Case 19   | 9-29735                        | Doc 1                       | Filed 10/18/19<br>Document                         | Entered 10/18<br>Page 14 of 59 | 8/19 15:00:57             | Desc Main   |
|-----|------------------|---|--------------------------------|-----------------------------|--|--------------------------------|---------------------------|---|
| De  | ebtor 1          | Tishanna  | L Winford                      |                             | Boodinone  |                                | ase number (if known)     |   |
|     | ☐ Yes            |   | Institution na                 | me and desc                 | ription. Separately file the                       | ne records of any intere       | sts.11 U.S.C. § 521(c)    | :   |
|     | ■ No             | equitable or<br>Give specific                             |                                |                             | rty (other than anythin                            | g listed in line 1), and       | rights or powers ex       | ercisable for your benefit  |
|     | Example ■ No     |   | omain names                    | s, websites, p              | ts, and other intellecturoceeds from royalties a   |                                | ots                       |   |
|     | Example ■ No     | es, franchise<br>les: Building p                          | permits, exclu                 | sive licenses               | ngibles<br>, cooperative associatio                | n holdings, liquor licens      | es, professional licens   | ses   |
| Mo  | oney or p        | oroperty owe  | d to you?                      |                             |  |                                |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     | _                | unds owed to  | you                            |                             |  |                                |                           |   |
|     | ■ No<br>□ Yes. 0 | Give specific   | nformation ab                  | oout them, inc              | cluding whether you alre                           | ady filed the returns an       | d the tax years           |   |
|     | □ No ·           |   | ·                              | •                           | usal support, child supp                           | ort, maintenance, divor        | ce settlement, propert    | y settlement  |
|     |                  |   |                                | Pote                        | ntial claim for child                              | support                        | Child Support             | \$0.00  |
|     | Examp            | mounts som<br>les: Unpaid w<br>benefits;<br>Give specific | ages, disabili<br>unpaid loans | ty insurance ¡              | payments, disability ben<br>someone else           | efits, sick pay, vacation      | n pay, workers' compe     | ensation, Social Security   |
|     |                  | ts in insurandes: Health, d                               |                                | e insurance; ł              | nealth savings account (                           | HSA); credit, homeown          | er's, or renter's insura  | nce   |
|     | ■ Yes. N         | Name the ins  |                                | any of each p<br>pany name: | olicy and list its value.                          | Beneficiary                    | <i>y</i> :                | Surrender or refund value:  |
|     |                  |   | Tern                           | n life                      |  | Kids                           |                           | \$0.00  |
|     | If you a someon  |   | ciary of a living              |                             | someone who has die<br>at proceeds from a life in  |                                | currently entitled to rec | ceive property because  |
| 33. |                  |   |                                |                             | you have filed a lawsu<br>surance claims, or right |                                | for payment               |   |

|             | Case 19-29735  | Doc 1             | Filed 10/18/19            |                        | 0/18/19 15:00:57           | Desc Main               |
|-------------|--|-------------------|---------------------------|------------------------|----------------------------|-------------------------|
| Debt        | or 1 Tishanna L Winford  |                   | Document                  | Page 15 of             | Case number (if known)     |                         |
|             | Other contingent and unliquidate No Yes. Describe each claim                     |                   | every nature, includin    | g counterclaims        | of the debtor and rights t | o set off claims        |
| 35 <b>/</b> | ny financial assets you did not  | t already list    |                           |                        |                            |                         |
|             | No Yes. Give specific information  | -                 |                           |                        |                            |                         |
| 36.         | Add the dollar value of all of yo<br>for Part 4. Write that number h             |                   |                           |                        |                            | \$1,600.00              |
| Part        | 5: Describe Any Business-Related   | Property You O    | wn or Have an Interest In | . List any real estate | e in Part 1.               |                         |
|             | o you own or have any legal or equit<br>No. Go to Part 6.<br>Yes. Go to line 38. | table interest in | any business-related pro  | perty?                 |                            |                         |
| Part        | Describe Any Farm- and Comme<br>If you own or have an interest in fa             |                   |                           | or Have an Interest    | In.                        |                         |
|             | o you own or have any legal or   | r equitable int   | erest in any farm- or     | commercial fishir      | ng-related property?       |                         |
|             | No. Go to Part 7.  |                   |                           |                        |                            |                         |
|             | Yes. Go to line 47.  |                   |                           |                        |                            |                         |
| Part        | Describe All Property You  | Own or Have an    | Interest in That You Did  | Not List Above         |                            |                         |
|             | to you have other property of a<br>Examples: Season tickets, countr              |                   |                           |                        |                            |                         |
|             | Yes. Give specific information   |                   |                           |                        |                            |                         |
| 54.         | Add the dollar value of all of yo  | our entries fro   | om Part 7. Write that r   | number here            |                            | \$0.00                  |
| Part        | List the Totals of Each Part of  | of this Form      |                           |                        |                            |                         |
| 55.         | Part 1: Total real estate, line 2  |                   |                           |                        |                            | \$0.00                  |
| 56.         | Part 2: Total vehicles, line 5   |                   |                           | \$12,000.00            |                            |                         |
| 57.         | Part 3: Total personal and hou   |                   | line 15                   | \$1,920.00             |                            |                         |
| 58.         | Part 4: Total financial assets, I  |                   |                           | \$1,600.00             |                            |                         |
| 59.         | Part 5: Total business-related   |                   |                           | \$0.00                 |                            |                         |
| 60.         | Part 7: Total other property po  |                   |                           | \$0.00                 |                            |                         |
| 61.         | Part 7: Total other property no  | ı nəteu, iiile ə  | <b>-</b>                  | \$0.00                 |                            |                         |
| 62.         | Total personal property. Add lin   | nes 56 through    | 61                        | \$15,520.00            | Copy personal property to  | otal <b>\$15,520.00</b> |
| 63.         | Total of all property on Schedu  | ule A/B. Add li   | ne 55 + line 62           |                        |                            | \$15,520.00             |

Official Form 106A/B Schedule A/B: Property page 5

|   |                          | DOM:              | 11 1 (400, 10 0) 03 |                       |
|---|--------------------------|-------------------|---------------------|-----------------------|
| Fill in this infor                      | rmation to identify your | case:             |                     |                       |
| Debtor 1                                | Tishanna L Winfo         | ord               |                     |                       |
|   | First Name               | Middle Name       | Last Name           |                       |
| Debtor 2                                |                          |                   |                     |                       |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name           |                       |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS         |                       |
| Case number                             |                          |                   |                     |                       |
| (if known)                              |                          |                   |                     | ☐ Check if this is an |
|   |                          |                   |                     | amended filing        |

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own                                   | Amo                           | ount of the exemption you claim                                 | Specific laws that allow exemption   |
|--|-------------------------------|---|--|
| Copy the value from Check only one box for each exemption Schedule A/B |                               |   |  |
| \$1,000.00   |                               | \$1,000.00  | 735 ILCS 5/12-1001(b)  |
|  |                               | 100% of fair market value, up to any applicable statutory limit |  |
| \$300.00   |                               | \$300.00  | 735 ILCS 5/12-1001(b)  |
|  |                               | 100% of fair market value, up to any applicable statutory limit |  |
| \$600.00   |                               | \$600.00  | 735 ILCS 5/12-1001(a)  |
|  |                               | 100% of fair market value, up to any applicable statutory limit |  |
| \$20.00  |                               | \$20.00   | 735 ILCS 5/12-1001(b)  |
|  |                               | 100% of fair market value, up to any applicable statutory limit |  |
| \$500.00   |                               | \$500.00  | 735 ILCS 5/12-1001(b)  |
|  |                               | 100% of fair market value, up to any applicable statutory limit |  |
|  | \$1,000.00 \$1,000.00 \$20.00 | \$300.00  | Check only one box for each exemption.  \$1,000.00  \$1,000.00  \$1,000.00  \$1,000.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$400.00  \$600.00  \$600.00  \$100% of fair market value, up to any applicable statutory limit  \$20.00  \$20.00  \$500.00  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit |

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Case number (if known)

| Schedule A/E                   | tion of the property and line on<br>3 that lists this property | Current value of the portion you own | Amo  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--------------------------------|--|--------------------------------------|------|---|------------------------------------|
|                                |  | Copy the value from                  | Che  | ck only one box for each exemption.                             |                                    |
|                                |  | Schedule A/B                         | 0110 | on only one box for oddin exemption.                            |                                    |
| Rent: Land                     | dlord<br>chedule A/B: <b>22.1</b>                              | \$1,100.00                           |      | \$1,100.00  | 735 ILCS 5/12-1001(b)              |
|                                | 5.10ddic 7 v 2. ==. 1  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Child Sup                      | port: Potential claim for                                      | \$0.00                               |      | \$0.00  | 735 ILCS 5/12-1001(g)(4)           |
|                                | chedule A/B: <b>29.1</b>                                       |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Term life<br>Beneficiary: Kids |  | \$0.00                               |      | \$0.00  | 215 ILCS 5/238                     |
|                                | chedule A/B: <b>31.1</b>                                       |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

| C                               | ase 19-29/35                 | Doc 1 Filed 10/18/19  Document  | Entered<br>Page 18 | 0 10/18/19 15:0<br>Lof 59                              | 00:57 Desc N   | iain                              |
|---------------------------------|------------------------------|---|--------------------|--|--|-----------------------------------|
| Fill in this info               | rmation to identify you      |   | 1 000 10           | (II J.J  |  |                                   |
| Debtor 1                        | Tishanna L Win               | ford  |                    |  |  |                                   |
|                                 | First Name                   | Middle Name   | Last Name          |  |  |                                   |
| Debtor 2<br>(Spouse if, filing) | First Name                   | Middle Name   | Last Name          |  |  |                                   |
| United States B                 | ankruptcy Court for the      | NORTHERN DISTRICT OF ILL  | INOIS              |  |  |                                   |
| Case number                     |                              |   |                    |  |  |                                   |
| (if known)                      |                              |   |                    |  | ☐ Check  | if this is an                     |
|                                 |                              |   |                    |  | amend  | led filing                        |
| O#:-:-!                         | 400D                         |   |                    |  |  |                                   |
| Official For                    |                              |   |                    |  |  |                                   |
| Schedule                        | D: Creditors                 | Who Have Claims S   | Secured            | l by Property  | /  | 12/15                             |
| needed, copy the known).        | Additional Page, fill it out | f two married people are filing together,<br>number the entries, and attach it to the   |                    |  |  |                                   |
|                                 | s have claims secured by     |   |                    |  |  |                                   |
| ☐ No. Ched                      | ck this box and submit t     | his form to the court with your other   | schedules. Y       | ou have nothing else t                                 | o report on this form.                                 |                                   |
| Yes. Fill                       | in all of the information    | below.  |                    |  |  |                                   |
| Part 1: List                    | All Secured Claims           |   |                    |  |  |                                   |
| each claim. If mor              | re than one creditor has a p | nore than one secured claim, list the creditarticular claim, list the other creditors in P er according to the creditor's name. |                    | Amount of claim Do not deduct the value of collateral. | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Carlton                     | Jennin                       | Describe the property that secures th   | ne claim:          | \$0.00   | \$0.00   | \$0.00                            |
| Creditor's Na                   | me                           | Apartment Rental  |                    |  |  |                                   |
| 4724 W (                        | Congress                     | As of the date you file, the claim is: C apply.   | check all that     |  |  |                                   |
|                                 | , IL 60644                   | ☐ Contingent  |                    |  |  |                                   |
| Number, Stre                    | et, City, State & Zip Code   | ☐ Unliquidated  |                    |  |  |                                   |
|                                 |                              | ☐ Disputed  |                    |  |  |                                   |
| Who owes the o                  | lebt? Check one.             | Nature of lien. Check all that apply.   |                    |  |  |                                   |
| Debtor 1 only                   |                              | An agreement you made (such as m  | nortgage or secu   | ıred   |  |                                   |
| Debtor 2 only                   |                              | car loan)   |                    |  |  |                                   |
| Debtor 1 and D                  | •                            | Statutory lien (such as tax lien, mech  | hanic's lien)      |  |  |                                   |
|                                 | the debtors and another      | ☐ Judgment lien from a lawsuit  |                    |  |  |                                   |
| Check if this community d       |                              | ☐ Other (including a right to offset)   |                    |  |  |                                   |

Date debt was incurred

Last 4 digits of account number

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| Deb   | tor 1 lishanna                         | L Winford                                 |   | Case           | Case number (if known) |             |            |  |  |  |
|---|--|---|---|----------------|------------------------|-------------|------------|--|--|--|
|   | First Name                             | Middle N                                  | Name Last Name  |                |                        |             |            |  |  |  |
| 2.2   | Safco                                  |   | Describe the property that secures the cla                      | aim:           | \$15,554.00            | \$12,000.00 | \$3,554.00 |  |  |  |
|   | Creditor's Name                        |   | 2016 Nissan Sentra 25000 miles                                  |                |                        |             |            |  |  |  |
|   | 6300 Hazeltine<br>Dr<br>Orlando, FL 32 |   | As of the date you file, the claim is: Check apply.  Contingent | all that       |                        |             |            |  |  |  |
| Number, Street, City, State & Zip Code Unliquidated |  |   |   |                |                        |             |            |  |  |  |
| Who   | o owes the debt?                       | Check one.                                | ☐ Disputed  Nature of lien. Check all that apply.               |                |                        |             |            |  |  |  |
| ■ Debtor 1 only □ Debtor 2 only                     |  |   | ☐ An agreement you made (such as mortgacar loan)                | age or secured |                        |             |            |  |  |  |
|   | ebtor 1 and Debtor 2                   | only                                      | ☐ Statutory lien (such as tax lien, mechanic                    | 's lien)       |                        |             |            |  |  |  |
| $\square$ A   | t least one of the deb                 | tors and another                          | ☐ Judgment lien from a lawsuit                                  |                |                        |             |            |  |  |  |
| ☐ Check if this claim relates to a community debt   |  | elates to a                               | Other (including a right to offset)                             |                |                        |             |            |  |  |  |
| Date  | debt was incurred                      | Opened<br>02/17 Last<br>Active<br>2/07/18 | Last 4 digits of account number                                 | 1201           |                        |             |            |  |  |  |
|   |  |   |   |                |                        |             |            |  |  |  |
| Ad  | d the dollar value of                  | your entries in C                         | olumn A on this page. Write that number he                      | re:            | \$15,554.0             | 00          |            |  |  |  |
|   | his is the last page of                |   | the dollar value totals from all pages.                         |                | \$15,554.0             |             |            |  |  |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in t  | his information to identify your case:  | Document   | Page 20 of 59  |  |
|--|---|--|--|--|
|  | •   |  |  |  |
| Debtor   | 1 Tishanna L Winford First Name   | Middle Name  | Last Name  |  |
| Debtor   | 2   |  |  |  |
| (Spouse i  | f, filing) First Name   | Middle Name  | Last Name  |  |
| United   | States Bankruptcy Court for the: NOF  | RTHERN DISTRICT OF IL  | LINOIS   |  |
| Case n   |   |  |  | Check if this is an  |
|  |   |  |  | amended filing   |
| Officia  | al Form 106E/F  |  |  |  |
|  | dule E/F: Creditors Who   | Have Unsecured   | l Claims   | 12/15  |
| any exec<br>Schedule<br>D: Credit<br>the Continumber ( | utory contracts or unexpired leases that core G: Executory Contracts and Unexpired Leases Who Have Claims Secured by Property. inuation Page to this page. If you have no in if known). | uld result in a claim. Also li<br>ases (Official Form 106G). D<br>If more space is needed, co<br>formation to report in a Part | 'Y claims and Part 2 for creditors with NONPRIORITY clai<br>ist executory contracts on Schedule A/B: Property (Offici<br>to not include any creditors with partially secured claims<br>opy the Part you need, fill it out, number the entries in the<br>t, do not file that Part. On the top of any additional pages | al Form 106A/B) and on<br>that are listed in Schedule<br>boxes on the left. Attach |
| Part 1:  | List All of Your PRIORITY Unsecur   |  |  |  |
| _  |   | s against you?   |  |  |
|  | No. Go to Part 2.   |  |  |  |
| ο,   | res.  |  |  |  |
| Part 2:  | List All of Your NONPRIORITY Uns  | secured Claims   |  |  |
| 3. Do a  | any creditors have nonpriority unsecured cl   | aims against you?  |  |  |
|  | No. You have nothing to report in this part. Sub  | mit this form to the court with  | your other schedules.  |  |
|  | Yes.  |  |  |  |
| clair  | m, list the creditor separately for each claim. Fo  | or each claim listed, identify wh  | e creditor who holds each claim. If a creditor has more that hat type of claim it is. Do not list claims already included in Peet than three nonpriority unsecured claims fill out the Continuation.   | art 1. If more than one  |
| 4.1  | Aarons Furniture  | Last 4 digits of acc   | count number   | \$1,259.00   |
|  | Nonpriority Creditor's Name 3027 S Cicero Ave   | When was the deb   | t incurred?  | _  |
|  | Cicero, IL 60804  Number Street City State Zip Code   | As of the date you   | file, the claim is: Check all that apply   |  |
|  | Who incurred the debt? Check one.   | ☐ Contingent   |  |  |
|  | Debtor 1 only   | ☐ Unliquidated   |  |  |
|  | Debtor 2 only   | ☐ Disputed   |  |  |
|  | Debtor 1 and Debtor 2 only  | Type of NONPRIOR   | RITY unsecured claim:  |  |
|  | At least one of the debtors and another   | ☐ Student loans  |  |  |
|  | ☐ Check if this claim is for a community of the claim subject to offset?  | debt   | ing out of a separation agreement or divorce that you did not lims   |  |
|  | ■ No  | Debts to pension   | n or profit-sharing plans, and other similar debts   |  |
|  | Yes   | Other. Specify   |  |  |

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Case number (if known) Debtor 1 Tishanna L Winford 4.2 Capital One Last 4 digits of account number 3904 \$477.00 Nonpriority Creditor's Name Attn: General Opened 09/17 Last Active Correspondence/Bankruptcy When was the debt incurred? 12/12/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.3 City of Chicago Last 4 digits of account number \$10,000.00 Nonpriority Creditor's Name **Department of Revenue** When was the debt incurred? PO Box 88292 Chicago, IL 60680 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 ComEd Last 4 digits of account number 6082 \$412.70 Nonpriority Creditor's Name When was the debt incurred? Po Box 6111 Carol Stream, IL 60197-6111 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

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Case number (if known) Debtor 1 Tishanna L Winford 4.5 Convergent Outsourcing Last 4 digits of account number \$881.00 Nonpriority Creditor's Name 800 SW 39th St When was the debt incurred? PO Box 9004 Renton, WA 98057 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Direct TV ☐ Yes 4.6 **Credit One Bank** Last 4 digits of account number 0048 \$556.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 08/17 Last Active Po Box 98873 When was the debt incurred? 12/13/17 Las Vegas, NV 89193 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 **Diversified Consultants, Inc.** 5015 \$2,338.00 Last 4 digits of account number Nonpriority Creditor's Name Diversified Consultants, Inc. When was the debt incurred? **Opened 01/18** Po Box 551268 Jacksonville, FL 32255 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collection Attorney Tmobile

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| Tishanna L Winford  | Case number (if known)  |        |
|---|---|--------|
| Enhanced Recovery Company   | Last 4 digits of account number   | \$0.00 |
| Nonpriority Creditor's Name<br>8014 Bayberry Rd                               | When was the debt incurred?   |        |
| Jacksonville, FL 32256  Number Street City State Zip Code                     | As of the date you file, the claim is: Check all that apply   |        |
| Who incurred the debt? Check one.   | _   |        |
| Debtor 1 only   | ☐ Contingent  |        |
| ☐ Debtor 2 only   | ☐ Unliquidated  |        |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured claim:  |        |
| ☐ At least one of the debtors and another                                     | Student loans   |        |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |        |
| Yes   | Other. Specify t mobile   |        |
| Honor Finance   | Last 4 digits of account number   | \$0.00 |
| Nonpriority Creditor's Name<br>900 Davis Street<br>Evanston, IL 60201         | When was the debt incurred?   |        |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |        |
| Who incurred the debt? Check one.   | ☐ Contingent  |        |
| ■ Debtor 1 only   | ☐ Unliquidated  |        |
| ☐ Debtor 2 only   | ☐ Disputed  |        |
| ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |        |
| ☐ At least one of the debtors and another                                     | ☐ Student loans   |        |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |        |
| Yes   | Other. Specify  |        |
| Keynote Consulting  | Last 4 digits of account number 0894  | \$0.00 |
| Nonpriority Creditor's Name 220 West Campus Drive Suite 102                   | When was the debt incurred? Opened 2/22/12  |        |
| Arlington Heights, IL 60004   |   |        |
| Number Street City State Zip Code   | As of the date you file, the claim is: Check all that apply   |        |
| Who incurred the debt? Check one.   | ☐ Contingent  |        |
| ■ Debtor 1 only   | ☐ Unliquidated  |        |
| ☐ Debtor 2 only   | ☐ Disputed  |        |
| ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |        |
| ☐ At least one of the debtors and another                                     | ☐ Student loans   |        |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |
| No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |        |
| ☐ Yes   | ■ Other Specify 01 W J Management As Agent  |        |

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Case number (if known) Debtor 1 Tishanna L Winford 4.11 **MERCY HOUSING LAKE** Last 4 digits of account number 8629 \$2,480.00 Nonpriority Creditor's Name c/o CARY G SCHIFF&ASSOC When was the debt incurred? 134 N LASALLE #1720 Chicago, IL 60602 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.12 **MSCI Inc** \$0.00 Last 4 digits of account number 0974 Nonpriority Creditor's Name PO Box 327 When was the debt incurred? Palos Heights, IL 60463 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Village of Bellwood ☐ Yes 4.13 **Navient** Last 4 digits of account number 1211 \$3,500.00 Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Opened 12/11/07 Po Box 9500 Wilkes-Barre, PA 18773 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No
□ Yes

Other. Specify

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Educational

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Case number (if known) Debtor 1 Tishanna L Winford 4.14 **Peoples Gas** Last 4 digits of account number 0203 \$0.00 Nonpriority Creditor's Name Attn: Bankruptcy Opened 1/29/11 Last Active 200 E Randolph When was the debt incurred? 1/29/11 Chicago, IL 60601 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Agriculture ☐ Yes 4.15 Last 4 digits of account number \$2,194.00 **Peoples Gas** Nonpriority Creditor's Name 130 E Randolf Rd When was the debt incurred? Chicago, IL 60601 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.16 **Peoples Gas** Last 4 digits of account number 0004 \$3,650.29 Nonpriority Creditor's Name Po Box 2968 When was the debt incurred? Milwaukee, WI 53201-2968 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Account number: 0602068749-00004

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ase number (if known) Debtor 1 Tishanna L Winford 4.17 **Rent Recovery Solutions** Last 4 digits of account number \$1,555.00 Nonpriority Creditor's Name 2814 Spring Rd, Ste 30 When was the debt incurred? Atlanta, GA 30339 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Urband Alternatives ☐ Yes 4.18 **Southwest Credit Systems** \$130.00 Last 4 digits of account number 8028 Nonpriority Creditor's Name When was the debt incurred? 4120 International Parkway Ste 1100 Carrollton, TX 75007 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Comcast ☐ Yes 4.19 **Sprint** Last 4 digits of account number 3367 \$1,779.92 Nonpriority Creditor's Name Po Box 4191 When was the debt incurred? 2017 Carol Stream, IL 60197-4191 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Account # 502303367 ☐ Yes

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| 1 Isliailia L Williolu                    |  | Case number (ii kilowii)   |   |
|---|--|--|---|
| Stellar Recovery Inc                      | Last 4 digits of account number  | 8626   | \$0.00  |
| 4500 Salisbury Rd, Ste 10                 | When was the debt incurred?  |  |   |
| Number Street City State Zip Code         | As of the date you file, the claim i   | s: Check all that apply  |   |
| Who incurred the debt? Check one.         |  | ,  |   |
| ■ Debtor 1 only                           | _  |  |   |
|   | _ `  |  |   |
|   | ☐ Disputed   |  |   |
| <u> </u>                                  | ••   | d claim:   |   |
| _   |  |  |   |
| Is the claim subject to offset?           | Obligations arising out of a sepa<br>report as priority claims   | ration agreement or divorce that you did not   |   |
| No  | Debts to pension or profit-sharing   | g plans, and other similar debts   |   |
| Yes                                       | Other. Specify Comcast   |  |   |
| T-Mobile                                  | Last 4 digits of account number  | 6525   | \$2,000.00  |
| Bankruptcy Department                     | When was the debt incurred?  | 2017   |   |
| Bellevue, WA 98015                        | As of the date you file, the claim i   | s: Check all that apply  |   |
| Who incurred the debt? Check one.         | _  | C. Chook an unat apply   |   |
| Debtor 1 only                             |  |  |   |
|   |  |  |   |
|   |  |  |   |
| <u> </u>                                  | <u></u> '  | d claim:   |   |
|   | _  |  |   |
| Is the claim subject to offset?           | Obligations arising out of a sepa<br>report as priority claims   | ration agreement or divorce that you did not   |   |
| ■ No                                      | Debts to pension or profit-sharing   |  |   |
| Yes                                       | Other. Specify xxx-xx-652  | 5  |   |
| Value Auto                                | Last 4 digits of account number  | 2601   | \$0.00  |
| Nonpriority Creditor's Name               |  |  |   |
| 2734 N Cicero<br>Chicago, IL 60639        | When was the debt incurred?  | 7/22/15  |   |
| Number Street City State Zip Code         | As of the date you file, the claim i   | s: Check all that apply  |   |
| Who incurred the debt? Check one.         | Continuent   |  |   |
| ■ Debtor 1 only                           | _  |  |   |
| ☐ Debtor 2 only                           |  |  |   |
| ☐ Debtor 1 and Debtor 2 only              |  | d claim.   |   |
| ☐ At least one of the debtors and another | <u></u>  | a Ciaiiii.   |   |
|   |  |  |   |
| Is the claim subject to offset?           | report as priority claims  | iration agreement or divorce that you did not  |   |
| ■ No                                      | Debts to pension or profit-sharing   | g plans, and other similar debts   |   |
| ☐ Yes                                     | Other. Specify Automobile  | e  |   |
|   | Stellar Recovery Inc Nonpriority Creditor's Name 4500 Salisbury Rd, Ste 10 Jacksonville, FL 32218 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes  T-Mobile Nonpriority Creditor's Name Bankruptcy Department P.O. Box 53410 Bellevue, WA 98015 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes  Value Auto Nonpriority Creditor's Name 2734 N Cicero Chicago, IL 60639 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 fonly Debtor 2 only Check if this claim is for a community debt is the claim subject to offset? Debtor 1 only Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community Check in this claim is for a community Check if this claim is for a community debt is the claim subject to offset? No | Stellar Recovery Inc Nonpriority Creditor's Name 4500 Salisbury Rd, Ste 10 Jacksonville, FL 32218 Number Street City State 2 ip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Sharkuptcy Department P.O. Box 53410 Bellevue, WA 98015 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Sharkuptcy Department P.O. Box 53410 Bellevue, WA 98015 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Value Auto Nonpriority Creditor's Name  2734 N Cicero Chicago, IL 60639 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 offset?  Value Auto Nonpriority Creditor's Name  2734 N Cicero Chicago, IL 60639 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 offset? Student loans Contingent Debtor 6 offset? When was the debt incurred?  As of the date you file, the claim is for a community debt is the claim subject to offset? Student loans Contingent Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 offset? Student loans Debtor 6 offset? Student loans Debtor 7 only Contingent Debtor 8 offset? Debtor 9 only Debtor 9 o | Stellar Recovery Inc Nonpriority Creditor's Name 4500 Salisbury Rd, Ste 10 Jacksonville, FL 32218 Number Sireer City State 2p Code When was the debt incurred? Debtor 1 only Debtor 2 only At least one of the debtors and another state talian subject to offset?  In Mo Debtor 1 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only 1 |

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Debtor 1 Tishanna L Winford Case number (if known) 4.23 Verizon Last 4 digits of account number 0001 \$1.386.00 Nonpriority Creditor's Name 1 Verizon PI When was the debt incurred? Alpharetta, GA 30004 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes Other. Specify 4.24 Village of Maywood 6950 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 40 W Madison When was the debt incurred? Maywood, IL 60153 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Arnold Scott Harris, P.C. Attorney Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 111 West Jackson Blvd ■ Part 2: Creditors with Nonpriority Unsecured Claims Ste 400 Chicago, IL 60604 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? City of Chicago - Parking Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 121 N Clark, Rm 107a Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60602 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Comcast Line 4.18 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 3001 Part 2: Creditors with Nonpriority Unsecured Claims Southeastern, PA 19398 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Direct TV** Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 9001069 Part 2: Creditors with Nonpriority Unsecured Claims Louisville, KY 40290 Last 4 digits of account number 7174 On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address

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| Debtor 1 Tishanna L Winford  |  | Case number (if known)  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| Honor Finance<br>1731 Central St<br>Evanston, IL 60201   | Line 4.9 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |  |  |
| Evalision, 12 00201  | Last 4 digits of account number  |   |  |  |  |  |  |
| Name and Address Illinois Secretary of State, Driver 2701 S Dirksen Pkwy                       | On which entry in Part 1 or Part 2 d Line <b>4.3</b> of ( <i>Check one</i> ):  | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |  |  |  |  |
| Springfield, IL 62723  | Last 4 digits of account number  | ,   |  |  |  |  |  |
| Name and Address Peoples Gas C/O Bankruptcy Department 130 E. Randolph Drive Chicago, IL 60602 | On which entry in Part 1 or Part 2 d Line 4.16 of ( <i>Check one</i> ):  | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |  |  |  |  |
|  | Last 4 digits of account number  | 0004  |  |  |  |  |  |
| Name and Address Sprint Po Box 629023 El Dorado Hills, CA 95762                                | On which entry in Part 1 or Part 2 d Line 4.19 of (Check one):  Last 4 digits of account number                      | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims  3367 |  |  |  |  |  |
|  |  |   |  |  |  |  |  |
| Name and Address T-Mobile Po Box 37380 Albuquerque, NM 87176                                   | On which entry in Part 1 or Part 2 d<br>Line <b>4.21</b> of ( <i>Check one</i> ):<br>Last 4 digits of account number | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |  |  |  |
| Name and Address Village of Bellwood 3200 Washington Blvd Bellwood, IL 60104                   | On which entry in Part 1 or Part 2 d<br>Line <u><b>4.12</b></u> of ( <i>Check one</i> ):                             | id you list the original creditor?  Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims       |  |  |  |  |  |
|  | Last 4 digits of account number  | 1288  |  |  |  |  |  |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>3,500.00  |
| Total claims |     |   |     | <br><u> </u>    |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$<br>31,098.91 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>34,598.91 |

| Fill in this info   | rmation to identify your | case:             |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1            |                          |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

#### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Carlton Jennin 4724 W Congress Chicago, IL 60644 Apartment lease \$1,100/month expires Jan 2019

|                          |   | Docume  | ent Page 31 d             | of 59   |
|--------------------------|---|---|---------------------------|---|
| Fill in this             | information to identify you   | ır case:  |                           |   |
| Debtor 1                 | Tishanna L Win  | ford  |                           |   |
| DCDIOI I                 | First Name  | Middle Name   | Last Name                 |   |
| Debtor 2                 |   |   |                           |   |
| (Spouse if, filir        | ng) First Name  | Middle Name   | Last Name                 |   |
| United Stat              | tes Bankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS               |   |
| Case numb                | oor   |   |                           |   |
| (if known)               |   |   |                           | ☐ Check if this is an   |
|                          |   |   |                           | amended filing  |
|                          |   |   |                           | <u> </u>  |
| Official                 | Form 106H   |   |                           |   |
|                          |   | dobtoro   |                           | 4044  |
| Schea                    | ule H: Your Co  | debtors   |                           | 12/15   |
| our name                 | and case number (if know  | n). Answer every question                                 |                           | to this page. On the top of any Additional Pages, write   |
| 1. Do y                  | you have any codebtors? (   | If you are filing a joint case,                           | do not list either spouse | e as a codebtor.  |
| ■ No                     |   |   |                           |   |
| ☐ Yes                    | i   |   |                           |   |
| Arizona  No.             | nin the last 8 years, have you<br>a, California, Idaho, Louisian<br>Go to line 3.<br>. Did your spouse, former sp | a, Nevada, New Mexico, Pu                                 | erto Rico, Texas, Wash    | ry? (Community property states and territories include ington, and Wisconsin.)  |
| in line<br>Form fill out | 2 again as a codebtor only  | / if that person is a guaran<br>al Form 106E/F), or Sched | itor or cosigner. Make    | r if your spouse is filing with you. List the person shows sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to  **Column 2: The creditor to whom you owe the debt Check all schedules that apply: |
|                          |   |   |                           |   |
| 3.1                      | Name  |   |                           | □ Schedule D, line  |
| '                        | Name  |   |                           | ☐ Schedule E/F, line  |
|                          |   |   |                           | ☐ Schedule G, line  |
| 1                        | Number Street   |   |                           | _   |
| (                        | City  | State   | ZIP Code                  |   |
| 3.2                      |   |   |                           | Cabadula D. lina  |
|                          | Name  |   |                           | ☐ Schedule D, line  |
|                          |   |   |                           | ☐ Schedule E/F, line  |
|                          |   |   |                           | ☐ Schedule G, line  |
|                          | Number Street   |   |                           | _   |
| (                        | City  | State   | ZIP Code                  |   |

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|       | in this information<br>btor 1                | Tishanna L         |  |                            |              |       |       |             |             |                             |                      |          |         |
|-------|--|--------------------|--|----------------------------|--------------|-------|-------|-------------|-------------|-----------------------------|----------------------|----------|---------|
|       | btor 2                                       | Tionama E          | ······oru  |                            |              |       |       |             |             |                             |                      |          |         |
|       | ouse, if filing)                             |                    |  |                            |              |       |       |             |             |                             |                      |          |         |
| Un    | ited States Bankrup                          | otcy Court for the | : NORTHERN DISTRIC                                   | T OF ILLINOIS              |              |       |       |             |             |                             |                      |          |         |
| Ca    | se number                                    |                    |  |                            |              |       |       | Check       | if this is: |                             |                      |          |         |
| (If k | nown)  |                    |  |                            |              |       |       |             | amende      | 0                           |                      |          |         |
|       |  |                    |  |                            |              |       |       |             |             | ent showing<br>as of the fo |                      |          | hapter  |
| 0     | fficial Form                                 | <u> 1061</u>       |  |                            |              |       |       | MM          | 1 / DD/ Y   | YYY                         |                      |          |         |
| S     | chedule I:                                   | Your Inco          | ome  |                            |              |       |       |             |             |                             |                      |          | 12/15   |
| atta  | ich a separate she                           |                    | r spouse is not filing w<br>On the top of any additi |                            |              |       |       |             |             |                             |                      |          |         |
| 1.    | Fill in your emp<br>information.             | loyment            |  | Debtor 1                   |              |       |       |             | Debtor 2    | or non-fil                  | ling spo             | use      |         |
|       | If you have more                             |                    | Employment status                                    | ■ Employed                 |              |       |       | [           | ☐ Emplo     | oyed                        |                      |          |         |
|       | attach a separate information abou           |                    | Employment status                                    | ☐ Not employed             |              |       |       | [           | ☐ Not ei    | mployed                     |                      |          |         |
|       | employers.                                   |                    | Occupation   | Customer Ca                | re Rep       |       |       |             |             |                             |                      |          |         |
|       | Include part-time<br>self-employed wo        |                    | Employer's name                                      | AT&T                       |              |       |       |             |             |                             |                      |          |         |
|       | Occupation may<br>or homemaker, if           |                    | Employer's address                                   | 2260 E Impe<br>El Segundo, |              | 5     |       |             |             |                             |                      |          |         |
|       |  |                    | How long employed t                                  | here? 2 ye                 | ars          |       |       |             | _           |                             |                      |          |         |
| Pa    | rt 2: Give De                                | etails About Mor   | nthly Income   |                            |              |       |       |             |             |                             |                      |          |         |
|       | imate monthly inc<br>use unless you are      |                    | ate you file this form. If                           | you have nothing           | to report fo | or ar | ny li | ine, write  | \$0 in the  | space. In                   | clude yo             | ur non   | -filing |
|       | ou or your non-filing<br>e space, attach a s |                    | ore than one employer, co                            | ombine the inform          | ation for al | l em  | plo   | yers for tl | hat perso   | on on the li                | ines belo            | ow. If y | ou need |
|       |  |                    |  |                            |              |       |       | For Debte   | or 1        |                             | otor 2 or<br>ng spou |          |         |
| 2.    |  |                    | ry, and commissions (b<br>calculate what the month   |                            | 2.           |       | \$_   | 3,3         | 17.00       | \$                          | I                    | N/A      |         |
| 3.    | Estimate and lis                             | st monthly overt   | ime pay.   |                            | 3.           | +     | \$_   |             | 0.00        | +\$                         | I                    | N/A      |         |

Official Form 106l Schedule I: Your Income page 1

3,317.00

N/A

Calculate gross Income. Add line 2 + line 3.

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| Copy line 4 here 4. \$ 3,317.00 S N/A    Social Security deductions   Social Security   Social Securi   | Deb | otor 1   | Tishanna L Winford   | -      |     | Case | number ( <i>if ki</i> | nown) |        |               |         |          |
|---|-----|--|--|--------|-----|------|-----------------------|-------|--------|---------------|---------|----------|
| Copy line 4 here 4. \$ 3,317.00 \$ N/A  5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. \$ 0.00 \$ N/A  5c. Voluntary contributions for retirement plans  5c. \$ 0.00 \$ N/A  5c. Required repayments of retirement fund loans  5c. \$ 0.00 \$ N/A  5c. Incurrance  5c. \$ 0.00 \$ N/A  5c. Incurrance  5c. \$ 0.00 \$ N/A  5c. Domestic support obligations  5c. \$ 0.00 \$ N/A  5c. Union dues  5c. \$ 0.00 \$ N/A  5c. List all other income regularly received:  5c. Not income regularly received:  5c. Not income regularly received:  5c. Not income regularly received and union operating a business, Alaton a statement for each property and from operating a business, Alaton a statement for each property and business showing gross receipts, ordinarly and necessary business expenses, and the total monthly net income.  8c. Family support payments that you, a non-filing spouse, or a dependent regularly received include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Interest and dividends  8d. \$ 0.00 \$ N/A  8d. \$ 0.00 \$ N/A  8d. Social Security  8d. \$ 0.00 \$ N/A  8d. \$ 0.00 \$ N/A  8d. \$ 0.00 \$ N/A  8d. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as blood stamps, benefits under the Supplemental Numborn Assistance Program to housing subsidies.  \$  |     |  |  |        |     | For  | Debtor 1              |       |        |               |         |          |
| 5. List all payroll deductions:  5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Security of the plant o   |     | Cop  | py line 4 here   | 4.     |     | \$   | 3,317                 | 7.00  |        | ill-lilling s | •       | 1        |
| 56. Tax, Medicare, and Social Security deductions 57. Voluntary contributions for retirement plans 58. Voluntary contributions for retirement plans 58. Voluntary contributions for retirement plans 59. Voluntary contributions for retirement plans 50. Voluntary contributions for retirement plans 50. Voluntary contributions for retirement fund loans 50. Voluntary contributions for the plant for the  | 5.  | List   |  |        |     |      |                       |       | _      |               |         | =        |
| Sb. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. No.00 \$ N/A 5c. Required repayments of retirement fund loans 5c. No.00 \$ N/A 5c. Insurance 5c. Voluntary contributions 5c. Voluntary 6c.  |     |  |  | 5      | а.  | \$   | 51:                   | 3.00  | \$     |               | N/A     |          |
| 55. Required repayments of retirement fund loans 56.   \$0.00   \$ N/A 56.   Domestic support obligations 56.   \$0.00   \$ N/A 59.   Union dues 57.   \$0.00   \$ N/A 59.   Union dues 58.   \$0.00   \$ N/A 59.   Union dues 59.   Solution dues 59.   Solution dues 59.   \$0.00   \$ N/A 59.   Solution dues 59.   Solution dues 59.   Solution dues 59.   Solution dues 59.   \$0.00   \$ N/A 59.   N/A 59.   Union dues 59.   Solution dues 59.   Solution dues 59.   Solution dues 59.   \$0.00   \$ N/A 59.   N/A 59.   Calculate total monthly take-home pay. Subtract line 6 from line 4. 50.   Calculate total monthly take-home pay. Subtract line 6 from line 4. 50.   List all other income regularly received: 50.   N/A 50.   List all other income regularly received: 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   Solution dues 50.   N/A 50.   List all other income regularly received: 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   Solution dues 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   N/A 50.   Retained the subtract line 6 from line 4. 50.   N/A 50.   Retained the subtract line 8 from line 4. 50.   N/A 50.   Retained the subtract line 8 from line 4. 50.   N/A 50.   Retained the subtract line 8 from line 4. 50.   N/A 50.   Retained the subtract line 8 from line 4. 50.   N/A 50.   Retained the subtract line 8 from line 4. 50.   N/A 50.   Retained the subtract line 8 from lin                                 |     | 5b.  | the state of the s | 51     | ٥.  | \$   |                       |       |        |               |         | -        |
| 56. Insurance  57. Domestic support obligations  58. \$ 0.00 \$ N/A  59. Union dues  59. \$ 52.00 \$ N/A  NA  Add the payroll deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. \$ 565.00 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 2,752.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and from operating a business, profession, or farm  Attach a statement for each property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8a. \$ 0.00 \$ N/A  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. Social Security  8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8f. \$ 640.00 \$ N/A  Tax refund (based on 2018 \$7,556) \$ 630.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,270.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summa                            |     | 5c.  | Voluntary contributions for retirement plans   | 50     | Э.  | \$   |                       | 0.00  | \$     |               | N/A     | -        |
| 56. Domestic support obligations 59. Union dues 59. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp. Sp  |     | 5d.  | Required repayments of retirement fund loans   | 50     | d.  | \$   |                       | 0.00  | \$     |               | N/A     | -        |
| 59. Union dues 59. Union dues 59. S 52.00 \$ N/A 59. Ovor the deductions. Specify: 59. Add the payroll deductions. Specify: 59. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 565.00 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,752.00 \$ N/A  8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance hat you receive, such as food stamps (peneltis under the Supplemental Nutrition Assistance Program) or nousing subsidies.  Specify: Food stamps  8f. \$ 640.00 \$ N/A  Tax refund (based on 2018 \$7,556) \$ \$ 630.00 \$ N/A  9g. Pension or retirement income 8g. \$ 0.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your bousehold, your dependents, your roommates, and other frie                              |     | 5e.  |  | 56     | €.  |      |                       | 0.00  |        |               | N/A     | _        |
| 5h. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. \$565.00 \$ N/A  7. \$2,752.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly retincome.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive linclude allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. Family support payments that you a non-filling spouse, or a dependent regularly receive linclude allmony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. \$0.00 \$ N/A  8d. Unemployment compensation  8e. \$0.00 \$ N/A  8f. Other government assistance that you regularly receive include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8f. \$640.00 \$ N/A  8g. Pension or retirement lincome  8g. \$0.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8d+8f+8g+8h.  9. \$1,270.00 \$ N/A  8h. Other monthly income. Add lines 8a+8b+8c+8d+8d+8e+8f+8g+8h.  9. \$1,270.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amo                               |     | -  |  |        |     | · -  |                       |       | · -    |               |         | -        |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 565.00 \$ N/A  7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,752.00 \$ N/A  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordnary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8e. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrifion Assistance Program) or housing subsidies.  8f. \$ 640.00 \$ N/A  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8g. Pension or retirement income  8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify:  8h. \$ 1,270.00 \$ N/A  8h. Other monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  10. Calculate monthly income. Add line 7 + line 9.  Add the entries from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relat |     | -  |  |        | -   | · —  |                       |       | · -    |               |         | -        |
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| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Increast and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8d. Unemployment compensation  8d. \$ 0.00 \$ N/A  8f. Other government assistance that you regularly receive include acid and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8f. \$ 640.00 \$ N/A  Tax refund (based on 2018 \$7,556) \$ 630.00 \$ N/A  8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,270.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  10. \$ 4,022.00 \$ N/A  11. +\$ 0.00  12. Add the anount in the last column of line 10 to the amount in line 11. The result is the combined monthly income write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  10. Do you expect an increase or decrease within the year after you file this form?  11. No.  |     |  |  |        |     | \$   |                       |       | · -    |               |         | -        |
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| 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food stamps 8f. \$ 640.00 \$ N/A  Tax refund (based on 2018 \$7,556) \$ 630.00 \$ N/A 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h.+ \$ 0.00 + \$ N/A  10. Calculate monthly income. Add line 8 a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,270.00 \$ N/A  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other fineds or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  Combined monthly income.  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.  | 8.  |  | Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total  |        |     |      |                       |       |        |               |         |          |
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| 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8f. \$ 640.00 \$ N/A  Tax refund (based on 2018 \$7,556) \$ 630.00 \$ N/A  8g. Pension or retirement income \$ 8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: 8h.+ \$ 0.00 + \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,270.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. 10. \$ 4,022.00 + \$ N/A  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.   |     | 8C.  | regularly receive Include alimony, spousal support, child support, maintenance, divorce  |        |     |      |                       |       |        |               |         |          |
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| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Food stamps  8f. \$ 640.00 \$ N/A  Tax refund (based on 2018 \$7,556) \$ 630.00 \$ N/A  8g. Pension or retirement income 8g. \$ 0.00 \$ N/A  8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 1,270.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. 10. \$ 4,022.00 + \$ N/A  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.  |     |  |  |        |     | *    |                       |       |        |               |         | -        |
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| 8g. Pension or retirement income 8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,270.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  14. \$ 4,022.00 Combined monthly income.  15. Do you expect an increase or decrease within the year after you file this form?   |     | 81.  | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.   |        | :   | \$   | 640                   | 0.00  | \$_    |               | N/A     | -        |
| 8g. Pension or retirement income 8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 1,270.00 \$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  14. \$ 4,022.00 Combined monthly income.  15. Do you expect an increase or decrease within the year after you file this form?   |     |  | Tax refund (based on 2018 \$7.556)   |        |     | \$   | 630                   | 0.00  | \$     |               | N/A     |          |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$\frac{1,270.00}{\\$}\$ N/A  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$\frac{4,022.00}{\\$}\$ Combined monthly income.  13. Do you expect an increase or decrease within the year after you file this form?  |     | 8g.  |  | _<br>8 | g.  | · —  |                       |       |        |               |         | -        |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  |     | 8h.  | Other monthly income. Specify:   | _ 81   | า.+ | \$   |                       | 0.00  | + \$ _ |               | N/A     | -        |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  No.   | 9.  | Add  | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.     |     | \$   | 1,270                 | 0.00  | \$_    |               | N/A     | <u> </u> |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  No.   | 10  | Cal  | culate monthly income. Add line 7 u line 0   | 10     | Ф   |      | 1 022 00              |       |        | NI/A          | _ &     | 4 022 00 |
| <ul> <li>State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00</li> <li>Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies</li> <li>12. \$ 4,022.00</li> <li>Combined monthly income</li> <li>No.</li> </ul>  | 10. |  |  | 10.    | Ψ_  |      | +,022.00              |       |        | - IN/A        | - Ψ —   | 4,022.00 |
| Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$\frac{4,022.00}{Combined monthly income}}\$  13. Do you expect an increase or decrease within the year after you file this form?  No.   | 11. | <ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.     </li> </ol> |  |        |     |      |                       |       |        |               |         |          |
| 13. Do you expect an increase or decrease within the year after you file this form?  ■ No   | 12. | Wri  | te that amount on the Summary of Schedules and Statistical Summary of Certa  |        |     |      |                       |       |        | t l           | \$      | 4,022.00 |
| 13. Do you expect an increase or decrease within the year after you file this form?  No.  |     |  |  |        |     |      |                       |       |        |               |         |          |
| _   | 13. |  | •  | ?      |     |      |                       |       |        |               | monthly | y income |
|   |     |  | Yes. Explain:  |        |     |      |                       |       |        |               |         |          |

| Fill      | in this information to identify your case:   |  |                  |                     |                               |
|-----------|--|--|------------------|---------------------|-------------------------------|
| Deb       | otor 1 Tishanna L Winford  |  | Chec             | k if this is:       |                               |
| Deb       | otor 2   |  |                  | An amended filing   | ring postpetition chapter     |
|           | ouse, if filing)   |  |                  | 13 expenses as of t |                               |
| Unit      | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN  | IOIS   | _                | MM / DD / YYYY      |                               |
| Cas       | se number  |  |                  |                     |                               |
| (If k     | nown)  |  |                  |                     |                               |
| 0         | fficial Form 106J  |  |                  |                     |                               |
| S         | chedule J: Your Expenses   |  |                  |                     | 12/15                         |
| Be        | as complete and accurate as possible. If two married people a<br>ormation. If more space is needed, attach another sheet to this<br>mber (if known). Answer every question.              |  |                  |                     |                               |
| Par<br>1. | t 1: Describe Your Household Is this a joint case?   |  |                  |                     |                               |
|           | ■ No. Go to line 2.  ☐ Yes. Does Debtor 2 live in a separate household?  ☐ No ☐ Yes. Debtor 2 must file Official Form 106J-2, Expense  | us for Sonarata Housahold                      | of Deb           | tor 2               |                               |
| 2         |  | s for Separate Flouserion                      | 7 OI DED         | 101 2.              |                               |
| 2.        | Do you have dependents? ☐ No  Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent  | Dependent's relationsh<br>Debtor 1 or Debtor 2 | ip to            | Dependent's age     | Does dependent live with you? |
|           | Do not state the   |  |                  |                     | □ No                          |
|           | dependents names.  | Son  |                  | 10 months           | Yes                           |
|           |  | Daughter                                       |                  | 7                   | □ No<br>■ Yes                 |
|           |  |  |                  |                     | □ No                          |
|           |  | Son  |                  | 10                  | ■ Yes                         |
|           |  | Son  |                  | 11                  | □ No<br>■ Yes                 |
| 3.        | Do your expenses include expenses of people other than yourself and your dependents? ■ No □ Yes  |  |                  |                     | _ 166                         |
| Est       | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless yourness as of a date after the bankruptcy is filed. If this is a supplicable date. |  |                  |                     |                               |
| the       | lude expenses paid for with non-cash government assistance value of such assistance and have included it on <i>Schedule I:</i> ficial Form 106I.)  |  |                  | Your expe           | nses                          |
| 4.        | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.   | Include first mortgage                         | 4. \$            |                     | 1,100.00                      |
|           | If not included in line 4:   |  |                  |                     |                               |
|           | 4a. Real estate taxes  |  | 4a. \$           |                     | 0.00                          |
|           | 4b. Property, homeowner's, or renter's insurance   |  | 4b. \$           |                     | 0.00                          |
|           | <ul><li>4c. Home maintenance, repair, and upkeep expenses</li><li>4d. Homeowner's association or condominium dues</li></ul>  |  | 4c. \$<br>4d. \$ |                     | 30.00<br>0.00                 |
| 5.        | Additional mortgage payments for your residence, such as he  | ome equity loans                               | 5. \$            |                     | 0.00                          |

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| OIC         | Tishanna L Winford   | Case numl    | per (if known)                        |                          |
|-------------|--|--------------|---------------------------------------|--------------------------|
| . u         | Itilities:   |              |                                       |                          |
| 6           | a. Electricity, heat, natural gas  | 6a.          | \$                                    | 120.00                   |
| 6           | b. Water, sewer, garbage collection  | 6b.          | \$                                    | 0.00                     |
| 6           | c. Telephone, cell phone, Internet, satellite, and cable services  | 6c.          | \$                                    | 142.00                   |
| 6           | d. Other. Specify:   | 6d.          | \$                                    | 0.00                     |
| F           | ood and housekeeping supplies  | 7.           | \$                                    | 926.00                   |
| C           | Childcare and children's education costs   | 8.           | \$                                    | 100.00                   |
| C           | Clothing, laundry, and dry cleaning  | 9.           | \$                                    | 200.00                   |
| ). <b>P</b> | Personal care products and services  | 10.          | \$                                    | 350.00                   |
| l. N        | Medical and dental expenses  | 11.          | \$                                    | 70.00                    |
| 2. <b>T</b> | 'ransportation. Include gas, maintenance, bus or train fare.   |              | _                                     | 000.00                   |
|             | Oo not include car payments.   | 12.          | ·                                     | 220.00                   |
|             | Intertainment, clubs, recreation, newspapers, magazines, and books   | 13.          | \$                                    | 0.00                     |
| . C         | Charitable contributions and religious donations   | 14.          | \$                                    | 0.00                     |
|             | nsurance.  |              |                                       |                          |
|             | Oo not include insurance deducted from your pay or included in lines 4 or 20.  |              | •                                     | _                        |
|             | 5a. Life insurance   | 15a.         |                                       | 0.00                     |
|             | 5b. Health insurance   | 15b.         |                                       | 0.00                     |
|             | 5c. Vehicle insurance  | 15c.         |                                       | 160.00                   |
|             | 5d. Other insurance. Specify:  | 15d.         | \$                                    | 0.00                     |
|             | axes. Do not include taxes deducted from your pay or included in lines 4 or 20.  |              | •                                     | _                        |
|             | Specify:   | 16.          | \$                                    | 0.00                     |
|             | nstallment or lease payments:  | 47-          | •                                     |                          |
|             | 7a. Car payments for Vehicle 1   | 17a.         | ·                                     | 0.00                     |
|             | 7b. Car payments for Vehicle 2   | 17b.         | · -                                   | 0.00                     |
|             | 7c. Other. Specify:  | 17c.         |                                       | 0.00                     |
|             | 7d. Other. Specify:  | 17d.         | \$                                    | 0.00                     |
|             | our payments of alimony, maintenance, and support that you did not report as   | 18.          | ¢                                     | 0.00                     |
|             | leducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 10.          | ·                                     |                          |
|             | Other payments you make to support others who do not live with you.  | 19.          | \$                                    | 0.00                     |
|             | Specify:<br>Other real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e  |              | our Incomo                            |                          |
|             | Oa. Mortgages on other property  | 20a.         |                                       | 0.00                     |
|             | 0b. Real estate taxes  | 20b.         |                                       | 0.00                     |
|             | Oc. Property, homeowner's, or renter's insurance   | 20b.<br>20c. |                                       | 0.00                     |
|             |  | 20d.         |                                       |                          |
|             | 0d. Maintenance, repair, and upkeep expenses   |              | ·                                     | 0.00                     |
|             | 0e. Homeowner's association or condominium dues  | 20e.         | ·                                     | 0.00                     |
|             | Other: Specify: Baby supplies  | 21.          | · · · · · · · · · · · · · · · · · · · | 150.00                   |
|             | Car repair/maint/tags  |              | +\$                                   | 40.00                    |
| 2. C        | Calculate your monthly expenses  |              |                                       |                          |
|             | 2a. Add lines 4 through 21.  |              | \$                                    | 3,608.00                 |
|             | 2b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |              | \$                                    | 2,000.00                 |
|             |  |              | \$ ———                                | 3 600 00                 |
|             | 2c. Add line 22a and 22b. The result is your monthly expenses.   |              | Ψ                                     | 3,608.00                 |
| . C         | Calculate your monthly net income.   |              | •                                     |                          |
| 2           | 3a. Copy line 12 (your combined monthly income) from Schedule I.   | 23a.         | \$                                    | 4,022.00                 |
|             | 3b. Copy your monthly expenses from line 22c above.  | 23b.         | -\$                                   | 3,608.00                 |
|             |  |              | -                                     | ,                        |
| 2           | 3c. Subtract your monthly expenses from your monthly income.   |              | <u>_</u>                              | 44.4.00                  |
|             | The result is your monthly net income.   | 23c.         | \$                                    | 414.00                   |
|             | Oo you expect an increase or decrease in your expenses within the year after yo  |              |                                       | or decrease because of a |
| F           | or example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage? | nortgage pa  | yment to increase                     | or decrease because or   |
| F           |  | nortgage pa  | yment to increase                     | or decrease because or   |

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| Fill in this infor              | mation to identify your   | case:                      |  |  |  |
|---------------------------------|---|----------------------------|--|--|--|
| Debtor 1                        | Tishanna L Winfo  | ord                        |  |  |  |
|                                 | First Name  | Middle Name                | Last Name  |  |  |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name                | Last Name  |  |  |
| United States Ba                | ankruptcy Court for the:  | NORTHERN DISTRICT          | OF ILLINOIS  |  |  |
| Case number                     |   |                            |  |  | ☐ Check if this is an amended filing                                     |
| Official Form                   |   | n Individual               | Debtor's Sch                                       | nedules  | 12/15  |
|                                 |   |                            |  |  |  |
| If two married p                | eople are filing togethe  | r, both are equally respon | isible for supplying corr                          | ect information.                               |  |
| obtaining mone                  | is form whenever you fi<br>y or property by fraud ii<br>I8 U.S.C. §§ 152, 1341, 1 | n connection with a bank   | or amended schedules.<br>ruptcy case can result ir | Making a false state<br>n fines up to \$250,00 | ement, concealing property, or<br>10, or imprisonment for up to 20       |
| Sig                             | n Below   |                            |  |  |  |
| Did you pa                      | ay or agree to pay some   | one who is NOT an attorr   | ney to help you fill out ba                        | ankruptcy forms?                               |  |
| ■ No                            |   |                            |  |  |  |
| ☐ Yes. I                        | Name of person  |                            |  |  | cruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                                 | alty of perjury, I declare re true and correct.                                   | that I have read the sumi  | mary and schedules filed                           | d with this declaration                        | on and   |
| V /o/Tio                        | hanna L Winford   |                            | X  |  |  |
| Tishar                          | nna L Winford ure of Debtor 1   |                            | Signature of D                                     | Debtor 2                                       |  |
| Date                            | October 18, 2019  |                            | Date   |  |  |

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| Eill          | in this inform                                | nation to identify you                                    | r caso:   |   |   |   |
|---------------|---|---|---|---|---|---|
|               |   |   |   |   |   |   |
| Dec           | otor 1  | Tishanna L Winf   | Middle Name   | Last Name   |   |   |
|               | otor 2<br>use if, filing)                     | First Name  | Middle Name   | Last Name   |   |   |
| ` .           |   |   |   |   |   |   |
| Unii          | ieu States dar                                | nkruptcy Court for the:                                   | NORTHERN DISTRICT C   | F ILLINOIS  |   |   |
| Cas<br>(if kn | se number                                     |   |   |   | _   | Check if this is an<br>mended filing                  |
|               | ficial For                                    |   | Affairs for Individ   | uals Filing for B                                     | ankruptcy   | 4/19  |
| infoi<br>num  | rmation. If m                                 | ore space is needed,<br>n). Answer every que              | , attach a separate sheet to stion.   | this form. On the top of ar                           | e equally responsible for su<br>y additional pages, write yo    |   |
| Par           | Give D  | etalis About Your Ma                                      | arital Status and Where You   | Lived Before  |   |   |
| 1.            | What is your                                  | current marital statu                                     | us?   |   |   |   |
|               | <ul><li>□ Married</li><li>■ Not mar</li></ul> | ried  |   |   |   |   |
| 2.            | During the la                                 | ast 3 years, have you                                     | lived anywhere other than   | where you live now?                                   |   |   |
|               | □ No  |   |   |   |   |   |
|               | Yes. Lis                                      | t all of the places you                                   | lived in the last 3 years. Do no  | ot include where you live nov                         | N.  |   |
|               | Debtor 1 Pri                                  | ior Address:  | Dates Debtor 1 lived there  | Debtor 2 Prior Ac                                     | ldress:   | Dates Debtor 2<br>lived there                         |
|               | 130 N PArl<br>Chicago, I                      |   | From-To:<br><b>Aug 2014-Jan</b><br><b>2018</b>  | ☐ Same as Debtor                                      | ı   | ☐ Same as Debtor 1<br>From-To:                        |
| state         | ■ No<br>□ Yes. Ma                             | es include Arizona, Ca<br>ke sure you fill out <i>Sci</i> | ılifornia, Idaho, Louisiana, Ne<br>hedule H: Your Codebtors (Of                               | vada, New Mexico, Puerto R                            | nity property state or territor<br>ico, Texas, Washington and \ |   |
| Par           | t 2 Explain                                   | n the Sources of You                                      | ir Income   |   |   |   |
| 4.            | Fill in the tota                              | I amount of income yo                                     | nployment or from operatin<br>ou received from all jobs and a<br>have income that you receive | all businesses, including par                         |   | endar years?  |
|               | □ No  |   |   |   |   |   |
|               | Yes. Fill                                     | in the details.   |   |   |   |   |
|               |   |   | Debtor 1  |   | Debtor 2  |   |
|               |   |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                      | Gross income<br>(before deductions<br>and exclusions) |
|               |   | of current year until<br>d for bankruptcy:                | ■ Wages, commissions, bonuses, tips   | \$25,956.00   | ☐ Wages, commissions, bonuses, tips                             |   |
|               |   |   | ☐ Operating a business  |   | ☐ Operating a business  |   |

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Case number (if known) Debtor 1 Tishanna L Winford

|           |                              |   |  | Debtor 1  |  |   | Debtor 2  |                                      |   |
|-----------|------------------------------|---|--|---|--|---|---|--------------------------------------|---|
|           |                              |   |  | Sources of income<br>Check all that apply.  | (befo  | ss income<br>ore deductions and<br>usions)  | Sources of inc<br>Check all that a                          |                                      | Gross income<br>(before deductions<br>and exclusions) |
|           | r last caler<br>anuary 1 to  | ndar year:<br>December 3                                    | 31, 2018 )   | ■ Wages, commissions, bonuses, tips   |  | \$36,685.00   | ☐ Wages, conbonuses, tips                                   | nmissions,                           |   |
|           |                              |   |  | ☐ Operating a business  |  |   | ☐ Operating a   | business                             |   |
|           |                              | dar year bef<br>December 3                                  |  | ■ Wages, commissions, bonuses, tips   |  | \$39,459.00   | ☐ Wages, conbonuses, tips                                   | nmissions,                           |   |
|           |                              |   |  | ☐ Operating a business  |  |   | ☐ Operating a   | business                             |   |
|           | unemploy gambling  List each | ment, and ot<br>and lottery w                               | her public be<br>innings. If yo<br>ne gross inco   | ner that income is taxable. Ex<br>nefit payments; pensions; re<br>u are filing a joint case and y<br>nome from each source separa   | ntal inco<br>ou have   | ome; interest; dividen<br>e income that you rec   | ds; money collect<br>eived together, lis                    | ed from law                          | suits; royalties; and                                 |
|           |                              |   |  | Debtor 1  |  |   | Debtor 2  |                                      |   |
|           |                              |   |  | Sources of income Describe below.   | each<br>(befo  | ss income from<br>a source<br>ore deductions and<br>usions)   | Sources of inc<br>Describe below                            |                                      | Gross income<br>(before deductions<br>and exclusions) |
| Pa        | rt 3: Lis                    | t Certain Pa  | yments You   | Made Before You Filed for   | Bankru   | iptcy   |   |                                      |   |
| <b>3.</b> | □ No.                        | Neither De individual p  During the  No.  Yes  * Subject to | btor 1 nor D<br>rimarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>o adjustment | s debts primarily consume bettor 2 has primarily considered personal, family, or househouse you filed for bankruptcy, do ach creditor to whom you pareditor. Do not include payments to an attorney for to a double to a double payments to an attorney for to to a double primarily considered to be to a double primarily considered to a double primarily considered to a primarily considered to a second primarily considered to a primarily | umer de<br>old purpo<br>id you p<br>id a tota<br>nts for d<br>his banl<br>rs after t | ebts. Consumer debi<br>ose."  ay any creditor a total  of \$6,825* or more omestic support obli- kruptcy case.  that for cases filed or | al of \$6,825* or moind in one or more pagations, such as c | ore?<br>syments and<br>shild support | I the total amount you<br>t and alimony. Also, do     |
|           |                              | During the No.  | 90 days befo<br>Go to line 7   | re you filed for bankruptcy, d  | id you p   | ay any creditor a tota  | al of \$600 or more   | ?                                    |   |
|           |                              | Yes   | List below e   | each creditor to whom you pa<br>ments for domestic support of<br>for this bankruptcy case.  |  |   |   |                                      |   |
|           | Creditor                     | 's Name and   | Address  | Dates of payme  | ent  | Total amount paid   | Amount you still owe  | Was this                             | payment for   |

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| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pacorporations of which you are an officer, directincluding one for a business you operate as a support and alimony. | artners; relatives of any ger<br>ctor, person in control, or ov | neral partners; partners of 20% or more | erships of which ye of their voting see | ou are a general partner;<br>curities; and any managing agent,      |
|----|---|---|---|---|---|
|    | Yes. List all payments to an insider.   |   |   |   | <b>5</b>  |
|    | Insider's Name and Address  | Dates of payment  | Total amount paid                       | Amount you still owe                    | Reason for this payment   |
|    | Sirkina Winford<br>Aurora, IL   | Feb 2018  | \$1,200.00                              | \$0.00                                  | Return of money for release of car from impound                     |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost   |   | ments or transfer a                     | any property on a                       | account of a debt that benefited an                                 |
|    | <ul><li>■ No</li><li>□ Yes. List all payments to an insider</li></ul>   |   |   |   |   |
|    | Insider's Name and Address  | Dates of payment  | Total amount paid                       | Amount you still owe                    | Reason for this payment Include creditor's name                     |
| Pa | rt 4: Identify Legal Actions, Repossession  | ns, and Foreclosures  |   |   |   |
|    | List all such matters, including personal injury modifications, and contract disputes.   No Yes. Fill in the details.   |   |   | on suits, paternity                     |   |
|    | Case title Case number  | Nature of the case  | Court or agency                         |   | Status of the case  |
|    | TISHANNA WINFORD vs<br>1115171  | Bankruptcy<br>Chapter 7   | ILLINOIS NORT<br>CHICAGO                | THERN -                                 | <ul><li>☐ Pending</li><li>☐ On appeal</li><li>☐ Concluded</li></ul> |
|    |   |   |   |   | Discharged - 0.00   |
|    | TISHANNA WINDFORD vs<br>1607381   | Bankruptcy<br>Chapter 13  | ILLINOIS NORT<br>CHICAGO                | THERN -                                 | ☐ Pending ☐ On appeal ☐ Concluded                                   |
|    |   |   |   |   | Dismissed - 0.00  |
|    | TISHANNA WINDFORD vs<br>1509644   | Bankruptcy<br>Chapter 13  | ILLINOIS NORT<br>CHICAGO                | THERN -                                 | ☐ Pending ☐ On appeal ☐ Concluded                                   |
|    |   |   |   |   | Dismissed - 0.00  |
|    | TISHANNA WINFORD vs<br>17M1718629   | CIVIL NEW FILING  | COOK LAW MA                             | AGISTRATE -                             | ☐ Pending ☐ On appeal ☐ Concluded                                   |
|    |   |   |   |   | - 2,479.00  |

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Case number (if known) Debtor 1 Tishanna L Winford 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. Creditor Name and Address Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other

disaster, or gambling?

Nο

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost

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Case number (if known) Document

Debtor 1 Tishanna L Winford

| Pai | t 7: List Certain Payments or Transfers  |   |                      |  |                        |  |  |  |
|-----|--|---|----------------------|--|------------------------|--|--|--|
| 16. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.  |   |                      |  |                        |  |  |  |
|     | □ No   |   |                      |  |                        |  |  |  |
|     | Yes. Fill in the details.  |   |                      |  |                        |  |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You  | Description and value of a transferred        | ny property          | Date payment or transfer was made                      | Amount of payment      |  |  |  |
|     | Cutler & Associates, Ltd<br>4131 Main Street<br>Skokie, IL 60076<br>david@cutlerltd.com  | Attorney Fees                                 |                      | March 2018   | \$0.00                 |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li  | or to make payments to your                   |                      | y or transfer any prope                                | erty to anyone who     |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                      |  |                        |  |  |  |
|     | Person Who Was Paid<br>Address   | Description and value of a transferred        | ny property          | Date payment or transfer was made                      | Amount of payment      |  |  |  |
| 18. | <ul> <li>Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than proper transferred in the ordinary course of your business or financial affairs?</li> <li>Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do include gifts and transfers that you have already listed on this statement.</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>   |   |                      |  |                        |  |  |  |
|     | Person Who Received Transfer<br>Address  | Description and value of property transferred | paymen               | e any property or<br>its received or debts<br>exchange | Date transfer was made |  |  |  |
| 19. | Person's relationship to you  Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-protein No  □ Yes. Fill in the details.  |   | ty to a self-settled | trust or similar device                                | of which you are a     |  |  |  |
|     | Name of trust  | Description and value of the                  | ne property transfe  | erred  | Date Transfer was made |  |  |  |
| Pai | t 8: List of Certain Financial Accounts, Instr   | uments, Safe Deposit Boxes,                   | and Storage Units    |  |                        |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or checking, pension funds, cooperatives, associated to the solution of t | other financial accounts; certi               | ficates of deposit;  |  | , ,                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                      |  |                        |  |  |  |
|     |  | ast 4 digits of Type of                       | account or           | Date account was                                       | Last balance           |  |  |  |

Code)

instrument

closed, sold,

moved, or

transferred

account number

Address (Number, Street, City, State and ZIP

before closing or

transfer

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Debtor 1 Tishanna L Winford

| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?                      |   |                                       |                       |  |  |  |
|-----|---|---|---------------------------------------|-----------------------|--|--|--|
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had access to it? Address (Number, Street, City, State and ZIP Code)                 | Describe the contents                 | Do you still have it? |  |  |  |
| 22. | Have you stored property in a storage unit or pla   | ace other than your home within 1   | year before you filed for bankruptcy  | ?                     |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Describe the contents                 | Do you still have it? |  |  |  |
| Par | t 9: Identify Property You Hold or Control for S  | Someone Else  |                                       |                       |  |  |  |
| 23. | Do you hold or control any property that someone for someone.   | ne else owns? Include any proper  | ty you borrowed from, are storing for | r, or hold in trust   |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Owner's Name Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Describe the property                 | Value                 |  |  |  |
| Par | t 10: Give Details About Environmental Informa  | ation   |                                       |                       |  |  |  |
| or  | the purpose of Part 10, the following definitions   | apply:  |                                       |                       |  |  |  |
|     | Environmental law means any federal, state, or l<br>toxic substances, wastes, or material into the ai<br>regulations controlling the cleanup of these sub                               | r, land, soil, surface water, ground  | = -                                   |                       |  |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal  | defined under any environmental   | law, whether you now own, operate,    | or utilize it or used |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |   |                                       |                       |  |  |  |
| Rер | ort all notices, releases, and proceedings that yo  | ou know about, regardless of wher   | they occurred.                        |                       |  |  |  |
| 24. | Has any governmental unit notified you that you   | may be liable or potentially liable   | under or in violation of an environm  | ental law?            |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |   |                                       |                       |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)                          | Environmental law, if you know it     | Date of notice        |  |  |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?  |                                       |                       |  |  |  |
|     | ■ No  |   |                                       |                       |  |  |  |
|     | ☐ Yes. Fill in the details.  Name of site  Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)                    | Environmental law, if you know it     | Date of notice        |  |  |  |

Case 19-29735 Doc 1 Filed 10/18/19 Entered 10/18/19 15:00:57 Document Page 43 of 59 Debtor 1 Tishanna L Winford Case number (if known) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. п Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tishanna L Winford Signature of Debtor 2 Tishanna L Winford Signature of Debtor 1 Date October 18, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

# This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

# **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

# (Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

### A. BEFORE THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

### B. AFTER THE CASE IS FILED

### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

## F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: October 18, 2019               | in to appear in court to object. |
|--------------------------------------|----------------------------------|
| Signed:                              |                                  |
| /s/ Tishanna L Winford               | /s/ David H Cutler               |
| Tishanna L Winford                   | David H Cutler                   |
|                                      | Attorney for the Debtor(s)       |
| Debtor(s)                            |                                  |
| Do not sign this agreement if the am | ounts are blank.                 |

**Local Bankruptcy Form 23c** 

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B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court**Northern District of Illinois

| In re     | Tishanna L Winford  |   | Case No.                                 |                                  |     |
|-----------|---|---|--|----------------------------------|-----|
|           |   | Debtor(s)   | Chapter                                  | 13                               |     |
|           | DISCLOSURE OF COMPE   | NSATION OF ATTOR  | NEY FOR DE                               | BTOR(S)                          |     |
| C         | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir be rendered on behalf of the debtor(s) in contemplation   | ng of the petition in bankruptcy,   | or agreed to be paid                     | to me, for services rendered or  | to  |
|           | For legal services, I have agreed to accept   |   | \$                                       | 4,000.00                         |     |
|           | Prior to the filing of this statement I have received.  |   | \$                                       | 0.00                             |     |
|           | Balance Due   |   | \$                                       | 4,000.00                         |     |
| 2. \$     | <b>310.00</b> of the filing fee has been paid.  |   |  |                                  |     |
| 3.        | The source of the compensation paid to me was:  |   |  |                                  |     |
|           | ■ Debtor □ Other (specify):   |   |  |                                  |     |
| 4. 7      | The source of compensation to be paid to me is:   |   |  |                                  |     |
|           | ■ Debtor □ Other (specify):   |   |  |                                  |     |
| 5.        | ■ I have not agreed to share the above-disclosed comp   | pensation with any other person   | unless they are memb                     | pers and associates of my law fi | rm. |
|           | ☐ I have agreed to share the above-disclosed compension copy of the agreement, together with a list of the national control of the agreement.   |   |  |                                  | 1   |
| <b>5.</b> | In return for the above-disclosed fee, I have agreed to re  | ender legal service for all aspects   | s of the bankruptcy c                    | ase, including:                  |     |
| t<br>C    | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state. Representation of the debtor at the meeting of credited. Representation of the debtor in adversary proceedings. [Other provisions as needed] | tement of affairs and plan which ors and confirmation hearing, an                         | may be required;<br>d any adjourned hear |                                  |     |
| 7. I      | By agreement with the debtor(s), the above-disclosed fee  | e does not include the following  | service:                                 |                                  |     |
|           |   | CERTIFICATION   |  |                                  |     |
|           | certify that the foregoing is a complete statement of an ankruptcy proceeding.  | y agreement or arrangement for  | payment to me for re                     | presentation of the debtor(s) in |     |
|           | ctober 18, 2019<br>ate  | Is/ David H Cutler David H Cutler Signature of Attorne Cutler & Associat 4131 Main Street | y  |                                  |     |
|           |   | Skokie, IL 60076<br>847-673-8600 Fax<br>david@cutlerItd.c<br>Name of law firm             |  |                                  |     |

# **United States Bankruptcy Court** Northern District of Illinois

| In re | Tishanna L Winford                        |   | Case No.                   |                |
|-------|---|---|----------------------------|----------------|
|       |   | Debtor(s)                                 | Chapter 13                 |                |
|       |   |   |                            |                |
|       | VI  | ERIFICATION OF CREDITOR M                 | IATRIX                     |                |
|       |   | Number of                                 | Creditors:                 | 35             |
|       | The above-named Debtor(s (our) knowledge. | ) hereby verifies that the list of credit | ors is true and correct to | the best of my |
|       | October 18, 2019                          | /s/ Tishanna L Winford                    |                            |                |

Aarons Furniture 3027 S Cicero Ave Cicero, IL 60804

Arnold Scott Harris, P.C. Attorney 111 West Jackson Blvd Ste 400 Chicago, IL 60604

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

City of Chicago Department of Revenue PO Box 88292 Chicago, IL 60680

City of Chicago - Parking 121 N Clark, Rm 107a Chicago, IL 60602

Comcast PO Box 3001 Southeastern, PA 19398

ComEd
Po Box 6111
Carol Stream, IL 60197-6111

Convergent Outsourcing 800 SW 39th St PO Box 9004 Renton, WA 98057

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193

Direct TV PO Box 9001069 Louisville, KY 40290 Diversified Consultants, Inc. Diversified Consultants, Inc. Po Box 551268 Jacksonville, FL 32255

Enhanced Recovery Company 8014 Bayberry Rd Jacksonville, FL 32256

Honor Finance 900 Davis Street Evanston, IL 60201

Honor Finance 1731 Central St Evanston, IL 60201

Illinois Secretary of State, Driver 2701 S Dirksen Pkwy Springfield, IL 62723

Keynote Consulting 220 West Campus Drive Suite 102 Arlington Heights, IL 60004

MERCY HOUSING LAKE c/o CARY G SCHIFF&ASSOC 134 N LASALLE #1720 Chicago, IL 60602

MSCI Inc PO Box 327 Palos Heights, IL 60463

Navient Attn: Bankruptcy Po Box 9500 Wilkes-Barre, PA 18773

Peoples Gas Attn: Bankruptcy 200 E Randolph Chicago, IL 60601 Peoples Gas 130 E Randolf Rd Chicago, IL 60601

Peoples Gas Po Box 2968 Milwaukee, WI 53201-2968

Peoples Gas C/O Bankruptcy Department 130 E. Randolph Drive Chicago, IL 60602

Rent Recovery Solutions 2814 Spring Rd, Ste 30 Atlanta, GA 30339

Safco 6300 Hazeltine National Dr Orlando, FL 32822

Southwest Credit Systems 4120 International Parkway Ste 1100 Carrollton, TX 75007

Sprint
Po Box 4191
Carol Stream, IL 60197-4191

Sprint Po Box 629023 El Dorado Hills, CA 95762

Stellar Recovery Inc 4500 Salisbury Rd, Ste 10 Jacksonville, FL 32218

T-Mobile
Bankruptcy Department
P.O. Box 53410
Bellevue, WA 98015

T-Mobile Po Box 37380 Albuquerque, NM 87176

Value Auto 2734 N Cicero Chicago, IL 60639

Verizon 1 Verizon Pl Alpharetta, GA 30004

Village of Bellwood 3200 Washington Blvd Bellwood, IL 60104

Village of Maywood 40 W Madison Maywood, IL 60153